## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fec(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up, with any corrections or use Block 1)

12/03/2003

OLIFF & BERRIDGE, PLC P.O. BOX 19928 **ALEXANDRIA, VA 22320** 



Note: A certificate of mailing can only be used for domestic mailings of the Feets) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signatore) (Date

ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE Aulis Perala 111075 5258 09/986.422 11/08/2001

TITLE OF INVENTION: FILTER CLOTH AND REPLACEABLE FILTER MODULE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	03/03/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	$\neg$	
OCAMPO. MARIANNE S		1723		210-499000		
1. Change of correspondenc CFR 1.563).	Correspondence	names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent				
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	on form of a Customer attorneys or agents. If no name is listed, no name will be printed.					
DI FASE NOTE: Unless	ed to the USPTO or is being : EE	low, no assignee da submitted under sep	ata will appear parate cover. Co RESIDENCE	on the natent. Inclusion a	NOT a substitute for filing	propriate when an assignment has an assignment.
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the pat	ent); I individual	Surporation or other private	vate group entity 2 government
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s): Chapter #150752 (\$1630)				
XX ssue Fee		XX A check in the amount of the fee(s) is enclosed. Check #150752 (\$1630)				
ToPublication Fee		Payment by credit card. Form PTO-2038 is attached.				
☐ Advance Order - # of		Deposit Account Number 15.0461 (enclose an extra copy of this form).				
Director for Patents is reque	ested to apply the Issue Fee a		(if any) or to re	-apply any previously pa	aid issue fee to the applicati	on identified above.
(Authorized Signature) Seth S. Kim;	Reg. No. 54,57	(Date)	2/09/04	02/12/2004	CCHAU2 00000085	09986422
other than the applicant: interest as shown by the re	d Publication Fee (if requir a registered attorney or age ecords of the United States Pi	ent; or the assigne stent and Trademark	e or other par k Office:	02 FC:1504		1330.00 GP 300.00 GP
obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22113-1450. DO NOT 5	ation is required by 37 CFR by the public which is to fy is governed by 35 U.S.C. Ites to complete, including grm to the USPTO. Time withe amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLETEN Patents, Alexandria, Vir	tle (and by the US. 122 and 37 CFR 1.1 athering, preparing, il vary depending require to complet to the Chief Inform of Commerce. A TED FORMS TO	4. This collection and submittinupon the indiv	s) an on is g the i idual		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.